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NO. 0845 P. 2

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2005			Complete if Known					
			Application Number		10/760,359			
			Filing Date		01/21/2004			
			First Named Inventor		Yoshibiro SAEKI et al.			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		Nathan W. Ha			
TOTAL AMOUNT O	F PAYMENT	(\$)1,240.00	Art Unit		2814			
		Attorney Docket No.		030712-21				
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METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):								<u> </u>
Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the file								lling fee
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WARNING: Information on		ecome public. Cree	lit card inforn	nation should n	ot be included	on this form. Provid	e credit card inf	ormation
FEE CALCULAT				+		····		
) EXAMINATI	ON FEES					
1. BASIC FILING, SEARCH AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
		Small Entity		Small Enti	ity	Small Entity		
Application ?	Cvpe Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fec (S	<u>Fee (\$)</u>	Fees P	<u>aid (\$)</u>
Utility	300	150	500	250	200	100		ļ
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		<u> </u>
Reissue	300	150	500	250	600	300		ļ i
Provisional	200	100	0	0	0	0		
								mall Entity
Fee Description Fee (5) Fach claim over 20 or for Paiseurs, each claim over 20 and more than in the original patent 50								<u>Fee (\$)</u> 25
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200								100
Multiple document claims								180
Total Claims Extra Claims Fe			ee (\$) Fee Paid (\$)		<u>d (\$)</u>	Multiple Dependent Claims		
	or HP = of total claims paid for, it	×				Fee (S) Fee Pa	<u>aid (\$)</u>	1
Indep. Claims	or total claims paid for, it Extra Clai		<u>(ee (S)</u>	Fee Pale	- -	······································		}
	or HP =	×			<u></u>			l
HP =- highest number of independent claims paid for, if greater than 3								
	ON SIZE FEE							
	fication and drawing for each additional :							ty)
Total Sheets	Tor each additional :			eb additional 50		•		ce Paid (\$)
	- 100 =	/ 50 =		_(round up to a				
4. OTHER FEE(S)								ees Paid (S)
Non-English Specification, \$130 fee (no small entity discount)								
Other: RCE Fee and Petition for Two Month EOT \$1,240								.00
SUBMITTED BY								
Signature	Der.	<u> </u>	Registration (Attorney/A		15	Telephone 202 58	5 8000	
Name (Print/Typo)	Donald P. Studeboker		1, , , , , , , , , , , , , , , , , , ,	- /		Date Aumier 15	2007	

SEND TO: Commissioner for Patents P.O. Box 1450